

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704947

1. Entity Name

THE GREATER DUNEDIN CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

301 MAIN ST
DUNEDIN FL 34698

301 MAIN ST
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0587209

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARGO, LYNN M
301 MAIN ST
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EGGERS, DAVID
598 MAIN STREET
DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KLEIN, CHARLES
29605 US 19 N STE 140
CLEARWATER FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STANISH, STACEY
880 PATRICIA AVENUE
DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CED
ZOELLNER, JEFFREY
427 SAN CHRISTOPHER DR
DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WARGO, LYNN M
301 MAIN STREET
DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Change Addition

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Change Addition

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CITY-ST-ZIP
Change Addition

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CITY-ST-ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn M Wargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02

Date

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-07-2002 90041 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)